

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/11/2018 15:36
Date Of Accident	27/11/2018 16:45
Exact Location Of Accident	QUEENSWAY TWDS PORTSDOWN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1616P
Insured/Policyholder	
Name Of Registered Owner	CHIONH LAY KHIM
NRIC No	S1407935A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97461139
Alternative Phone No	OTHERS-97461139

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA250
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100455350-02
Cover Note Number	

Driver

Name of Driver	SOH THYE KIAT,TERENCE
NRIC No	S8828433Z
Date Of Birth	11/08/1988
Occupation	INDOOR
Date Of Driving Pass	12/05/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97461139
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	16 JALAN SIMPANG BEDOK
Postcode	488162
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSU5097
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGV151Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SOH THYE KIAT,TERENCE

Approximate Age

Injuries Sustain SORENESS ON THE BACK & NECK

Injured person in which vehicle? SLB1616P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

2021


IMPORTANT NOTICE

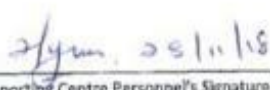
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. After filing, reporting must be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

QUEENSWAY TWDS PORTSDOWN AVE

The sketch plan is a grid with a vertical line representing the road. On the right side of the road, three vehicles are marked with letters A, B, and C. To the right of the grid, the following details are handwritten:

- A: SLB 1616P
- B: JSU 5597
- C: SGV 1512

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Queensway towards Portstown Ave on the first lane. As my vehicle was completely stationary waiting to U-Turn, All of a sudden I felt an huge impact from my vehicle rear portion. Total 3 cars involved.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SLD/SC SketchPlanForm_V3

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181127/2123

Police Station Of Origin:
Kampong Ubi NPP
6 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

2 of 3

Report No. T/20181127/2123

CONTINUATION OF REPORT

Driver			
Name	SOH THYE KIAT, TERENCE	ID No.	S8828433Z
Related Vehicle	SLB1616P (Car)	Contact No.	97461139
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/11/2018	Date Discharge	27/11/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the 27/11/2018, at about 4.55pm, I was driving my car bearing registration plate number SLB1616P. I was at the junction along Queensway, just outside of Queenstown Secondary School. The traffic lights was red and my car was in a stationary position. There was a Malaysian truck bearing registration plate number JSU5097 stationary behind me.

A car bearing registration plate number SGV151Z came from behind and did not stop in time causing a chain collision, the truck inched forward due to the impact and collided with my car's rear bumper. Police attended to scene subsequently. There were dent and scratches at the bumper of my car. I later went to Ubi Family Clinic & Surgery as I felt soreness on the back of my neck and body. I was given 4 day outpatient medical leave.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



TQ01811270123

Police Station Of Origin
Kampung Ubi NPP
3 Euros Crescent #01-2557 SINGAPORE
400009
Tel No: 1800-7479998

Report No. TQ01811270123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2018 21:14	Video Report No. DV20181127/0085	Station Diary No. 47
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Informant's Particulars

Name of Informant: SOH THYE KAT, TERENCE		Address: 16 JALAN SIMPANG BEDOK SINGAPORE 488162	
ID Type / ID No. NRIC NO / S88284332		Contact No. Home/Office: Mobile: 97461139	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 11/09/1988	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Advertising salesman		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 27/11/2018 18:55	Type of Location: Straight Road
Location				
QUEENSWAY				
Near Queensway Secondary School Main Road Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSU5097	Lorry					0
SGV151Z	Car					0
SLB1616P	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T20181127G123

Police Station Of Origin:
Kampung Ubi NPP
6 Bundo Crescent #01-2887 SINGAPORE
+00000
Tel No: 1800 7478699

2 of 3

Report No: T20181127G123

CONTINUATION OF REPORT

Driver			
Name	SOH THYE KIAT, TERENCE	ID No.	S8628433Z
Related Vehicle	SLB1616P (Car)	Contact No.	87461138
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: Nil
Date Treatment	27/11/2018	Date Discharge	27/11/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details

On the 27/11/2018, at about 4.55pm, I was driving my car bearing registration plate number SLB1616P. I was at the junction along Queensway, just outside of Queenstown Secondary School. The traffic lights was red and my car was in a stationary position. There was a Malaysian truck bearing registration plate number JSU5097 stationary behind me.

A car bearing registration plate number SGV151Z came from behind and did not stop in time, causing a rear collision, the truck inched forward due to the impact and collided with my car's rear bumper. Police attended to scene subsequently. The were dent and scratches at the bumper of my car. I later went to Ubi Family Clinic & Surgery as I felt soreness on the back of my neck and body. I was given 4 day outpatient medical leave.

Police Report



SINGAPORE
POLICE FORCE



T201811272123

3 of 3

Police Station Of Origin:
Kampung Lite NPP
4 Euros Crescent #01-2587 SINGAPORE
400009
Tel No: 1800-T470000

Report No: T201811272123

CONTINUATION OF REPORT

Sketch/Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 66474885 stating the report number as reference

Signature Of Officer Recording The Report:

G/

Sgt 2 TAN CHUAN SIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/11/2018 21:14

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No: 65472078


Classification Of Case:

Authentication Stamp:

NP188

Driving License


REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S 8828433Z**
Name: **SOH THYE KIAT, TERENCE**

Birth Date: **11 Aug 1988**
Issue Date: **12 May 2007**

001498531H



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 12 May 2007



VP-428A



Licence No: S8828433Z

Identification Card

